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PTO/SB/21 (09-04)

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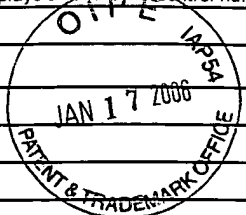
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TRANSMITTAL FORM		Application Number		
		09/844,625		
		Filing Date		
		April 27, 2001		
		First Named Inventor		
		Morris		
(to be used for all correspondence after initial filing)	Total Number of Pages in This Submission	61	Art Unit	
			2663	
			Examiner Name	
ENCLOSURES (check all that apply)			Andrew Lee	
			Attorney Docket Number	
			15979US01	
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page)				
<input type="checkbox"/> Fee Attached				
<input type="checkbox"/> Amendment/Reply				
<input type="checkbox"/> After Final				
<input type="checkbox"/> Affidavits/declaration(s)				
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<input type="checkbox"/> Drawing(s)				
<input type="checkbox"/> Licensing-related Papers				
<input type="checkbox"/> Petition				
<input type="checkbox"/> Petition to Convert to a Provisional Application				
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address				
<input type="checkbox"/> Terminal Disclaimer				
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<input type="checkbox"/> After Allowance Communication to TC				
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences				
<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
<input type="checkbox"/> Proprietary Information				
<input type="checkbox"/> Status Letter				
<input checked="" type="checkbox"/> Return-Receipt Postcard				
<input type="checkbox"/> Other Enclosure(s) (please identify below):				
Remarks		Appeal Brief (19 Pages Each) is filed in Triplicate; Request for Extension of Time (1 Page Each) is filed in Duplicate.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	McAndrews Held & Malloy, Ltd.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636	
Signature	<i>Michael T. Cruz</i>			January 17, 2006
EXPRESS MAIL DEPOSIT				
U.S.P.S. Express Mail Mailing Label No. : EV 639 811 536 US				
Date of Deposit: January 17, 2006.				

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).</b> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/844,625
		Filing Date	April 27, 2001
		First Named Inventor	Morris
		Examiner Name	Andrew Lee
		Art Unit	2663
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>950.00</b>		Attorney Docket No.	15979US01



**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below 
 ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee(\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

-20 or HP \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee(\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

-3 or HP \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____	_____	_____ /50 _____ (round up to a whole number)	x _____	= _____

**4. OTHER FEE(S)**

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: <u>Appeal Brief \$500; 2-mo. extension of time \$450</u>	<u>950</u>

**SUBMITTED BY**

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	<u>44,636</u>	Telephone	<u>(312) 775-8000</u>
Name (print/type)	<u>Michael T. Cruz</u>	Date	<u>January 17, 2006</u>		